

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from

John Doe dba Doe's Limo

Transportation Relief LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER:

2021-182T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

Antionette Gillespie

Telephone:

(864) 720-0500

Address:

10 4th St

Fax:

Greenville, SC 29611

Other:

Email:

antoinette-gillespie2006@hotmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Request for Name Change on Certificate☐ Application - Class C Taxi☐ Request to Amend Scope of Authority☐ Application - Class C Charter☐ Request to Amend Tariff (rate increase, etc.)☐ Application - Class C Charter Bus☐ Request to Amend Passenger Limit☒ Application - Class C Non-Emergency☐ Request☐ Application - Class C Stretcher Van☐ Exhibit☐ Application - Class E Household Goods☐ Late-Filed Exhibit☐ Application - Class E Hazardous Waste☐ Letter☐ Application☐ Proposed Order☐ Request for Extension to Comply with Order☐ Publisher's Affidavit☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Reservation Letter☐ Request for Cancellation of Certificate☐ Response☐ Request for Suspension☐ Return to Petition☐ Request for Reinstatement☐ Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

RECEIVED
PSC SC
MAY 28 2021
PSCSC
Clerks Office

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

CLASS C - NON-EMERGENCY

Date: 5-6-2021

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Transportation Relief, LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

3400 Rutherford Rd Ext Suite E, Taylors SC 29687

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

864-720-0500

Phone

Fax

antoinette_gillespie2006@hotmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☒ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Antoinette Gillespie - Owner

Victor Gillespie - Owner

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>	<u>Liabilities:</u>
Value of Real Estate <input type="text"/>	Mortgage/Loan on Real Estate <input type="text"/>
Value of Motor Vehicles <input type="text" value="\$10,000"/>	Loans Owed on Motor Vehicles <input type="text"/>
Cash on Hand <input type="text"/>	Business/Other Loans Owed <input type="text"/>
Cash in Bank <input type="text"/>	Other Liabilities or Debts <input type="text"/>
Value of Other Assets and Equipment <input type="text"/>	Total Liabilities <input type="text" value="0"/>
Total Assets <input type="text" value="\$10,000"/>	

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

One Way-Our Services

Loading Fee -\$15.00

Per Mile - \$2.50 per mile

Wheelchair- Base Rate - Weekday/\$45/Hr - Weekends and after 5pm - \$75/Hr - Holidays - \$85/Hr

Non Medical - Base Rate - Weekday \$25/Hr- Weekends and after 5pm \$30/Hr - Holidays - \$35/Hr

Wait Time Fee (per 30 minutes) Weekday \$15 - Weekends and after 5pm - \$30 - Holidays - \$30

Additional Attendant Due to Wheelchairs- Weekday \$10 Weekends and after 5 pm \$10 Holidays - \$10

No Show/Late Cancellation Fee - \$75.00

2% surcharge on Credit Card Payments

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input checked="" type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input checked="" type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input checked="" type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input checked="" type="checkbox"/> Pickens	
<input type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT

INSURANCE QUOTE

This form MUST BE COMPLETED.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Antoinette Gillespie

Name of Applicant

3400 Mutherford Rd Ext Suite E1 Taylors SC

Address of Applicant

291087

Amount of Premium:

Liability Insurance \$ _____

The above quoted premium is for a term of _____ months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

Name of Insurance Company

Home Office Address of Company

See Attached

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

AFFORDABLE INS
2100 POINSETT HWY
GREENVILLE, SC 29609

PROGRESSIVE
COMMERCIAL

Antoinette Gillespie
10 4TH ST
GREENVILLE, SC 29611

Underwritten by:
Progressive Northern Insurance Co
May 21, 2021
Policy Period: May 21, 2021 - May 21, 2022
Page 1 of 3
Customer Phone number: 1-864-720-0500

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized website. Claims service is available 24 hours a day, 7 days a week.

Policy information

Business: Black Car

Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$9,037.00
Paid in full discount	-954.00
Policy premium if paid in full	\$8,083.00

Payment plans

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$5.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 20.0% Down	\$9,037.00	\$1,809.00	8 payments of \$808.12 and 1 of \$808.04
6 Pay, Seasonal, 20.0% Down	\$9,037.00	\$1,809.00	5 payments of \$1,450.60
10 Payments, 25.0% Down	\$9,037.00	\$2,260.75	8 payments of \$757.92 and 1 of \$757.89
4 Pay, Seasonal, 25.0% Down	\$9,037.00	\$2,260.75	3 payments of \$2,263.75
2 Payments, 50.0% Down	\$9,037.00	\$4,519.50	1 payments of \$4,522.50

Make payments by mail or at progressiveagent.com. Each payment includes a \$12.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
1 Payment	\$8,083.00	\$8,083.00	None
11 Payments, 20.0% Down	\$9,511.00	\$1,903.80	10 payments of \$772.72
10 Payments, 20.0% Down	\$9,511.00	\$1,903.80	8 payments of \$857.25 and 1 of \$857.20
6 Pay, Seasonal, 20.0% Down	\$9,511.00	\$1,903.80	5 payments of \$1,533.44
10 Payments, 25.0% Down	\$9,511.00	\$2,379.25	8 payments of \$804.42 and 1 of \$804.39
4 Pay, Seasonal, 25.0% Down	\$9,511.00	\$2,379.25	3 payments of \$2,389.25
4 Pay, Quarterly, 25.0% Down	\$9,511.00	\$2,379.25	3 payments of \$2,389.25
2 Payments, 50.0% Down	\$9,511.00	\$4,756.50	1 payment of \$4,766.50
Outside Premium Financing	\$9,511.00	\$9,511.00	None

Antoinette Gillespie

Page 2 of 3

To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at 1-864-271-7230. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of Birth	Points	Additional Information
Antoinette Gillespie			

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$6,915
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist			419
Bodily Injury	\$25,000 each person/\$50,000 each accident		
Property Damage	\$25,000 each accident	\$200	
Underinsured Motorist	Rejected		--
Medical Payments	\$1,000 each person		101
Comprehensive			126
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,340
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			100
See Auto Coverage Schedule			
Roadside Assistance			34
See Auto Coverage Schedule			
Subtotal policy premium			\$9,035
UM Fund Fee			2
Total 12 month policy premium and fees			\$9,037

Auto coverage schedule

1. **2012 KIA SEDONA** Stated Amount: * \$10,000 (including Permanently Attached Equip)
 VIN: **KNDMG4C7XC6421349** Garaging Zip Code: 29611 Radius: 50 miles
 Personal use: Y Body type: Mini Van

Liability Premium	Liability Premium	UM Premium	Med Pay Premium	
	\$6915	\$419	\$101	
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium
	\$1,000/\$0	\$126	\$1,000	\$1340
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium
	\$50 per day Max \$1,500	\$100	Selected	\$34
				Auto Total
				\$9,035

Antoinette Gillespie

Page 3 of 3

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Premium discount

Policy

Electronic Funds Transfer

Form QUOTE (03/17)

Exhibit Fit, Willing, and Able (FWA)

Transportation Relief, LLC Antoinette Gillette
Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☐ Yes ☒ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☐ Yes ☒ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

☒ Yes ☐ No
2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No
3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No
4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No
5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No
6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Antwanne S. Ikeem
Applicant's Signature

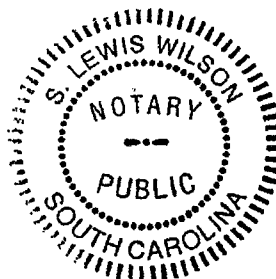
Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Greenville)

SWORN TO BEFORE ME
This 08 day of May, 2021

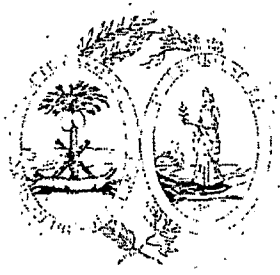
[Signature]
Notary Public

Commission Expires My Commission Expires
November 9, 2022



Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Transportation Relief, LLC, a limited liability company duly organized under the laws of the State of South Carolina on May 6th, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 6th day
of May, 2021.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 210506-1019270

Filing Date: 05/06/2021

May 06 2021
REFERENCE ID: 775230

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**


SECRETARY OF STATE OF SOUTH CAROLINA

**ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Transportation Relief, LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
10 4th St

(Street Address)

GREENVILLE, South Carolina 29611

(City, State, Zip Code)

3. The initial agent for service of process is

Antoinette L Gillespie

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
10 4th St

(Street Address)

GREENVILLE

South Carolina 29611

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Antoinette L Gillespie

(Name)

3400 Rutherford Rd Ext Suite D

(Street Address)

Taylors, South Carolina 29687

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

May 06 2021

REFERENCE ID: 775230


SECRETARY OF STATE OF SOUTH CAROLINA

Transportation Relief, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

May 06 2021

REFERENCE ID: 775230


SECRETARY OF STATE OF SOUTH CAROLINA

Transportation Relief, LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Antoinette L Gillespie

Signature of Organizer

Date: 05/06/2021

Signature of Organizer

Date: _____

Class C Transportation Application

To Public Service Commission
Clerk's Office
101 Executive Center Dr, Suite 100
Columbia SC 29210
Fax (803) 896-5199

Pages: 17